

# Strengthened and Uniform Approaches to the Continued Roll-out of the NIMART Programme

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# Presentation Outline

1. Background
2. Methods
3. NIMART Trained and Mentored Nurses
4. NIMART Training and Mentoring Models
5. Summary of Strengths and Weaknesses
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# Background

In 2014, ICAP was awarded the NIMART Strengthening Project, under the Program Area “Strengthen the capacity of local organization to better support HIV prevention, care, and treatment programs in South Africa.”

Under this project ICAP was asked to:

1. Conduct a full enumeration of NIMART trained and mentored Nurses and NIMART training and mentoring Service Providers.
2. Document NIMART Mentoring Models currently implemented in South Africa.

The work is being carried out through collaborative efforts between CDC, USAID, NDOH, PDOH and RTC, and implementing partners.

# Methods for Data Collection

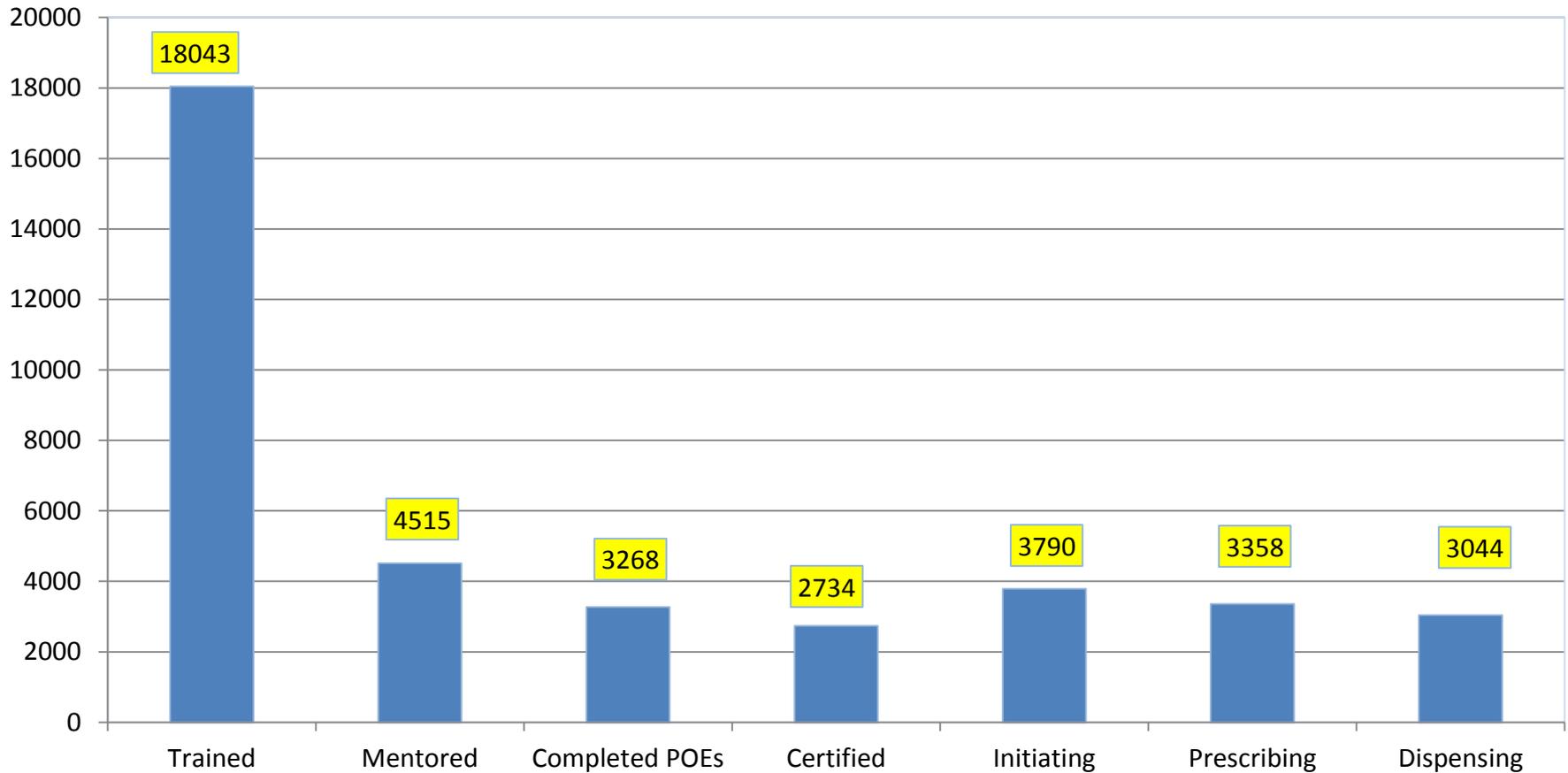
- Information was collected between November 2015-May 2016 and covered the period from 2010 to 2016.
- Information was collected from multiple sources through email and physical collection of documents
- Multiple information collection tools were used

Information Source	PDOH/RTC	PEPFAR PARTNERS	NURSES
Training Databases ( Excel spread sheets)	X	X	
Training Registers	X	X	
Mentoring Records		X	
POE Records		X	
Certification Records	X	X	
Self-Administered Questionnaires			X
Solicitation letter		X	
Consultative meetings	X	X	



# Enumeration of NIMART Trained and Mentored Nurses

# National NIMART Cascade Summary (May 2016)

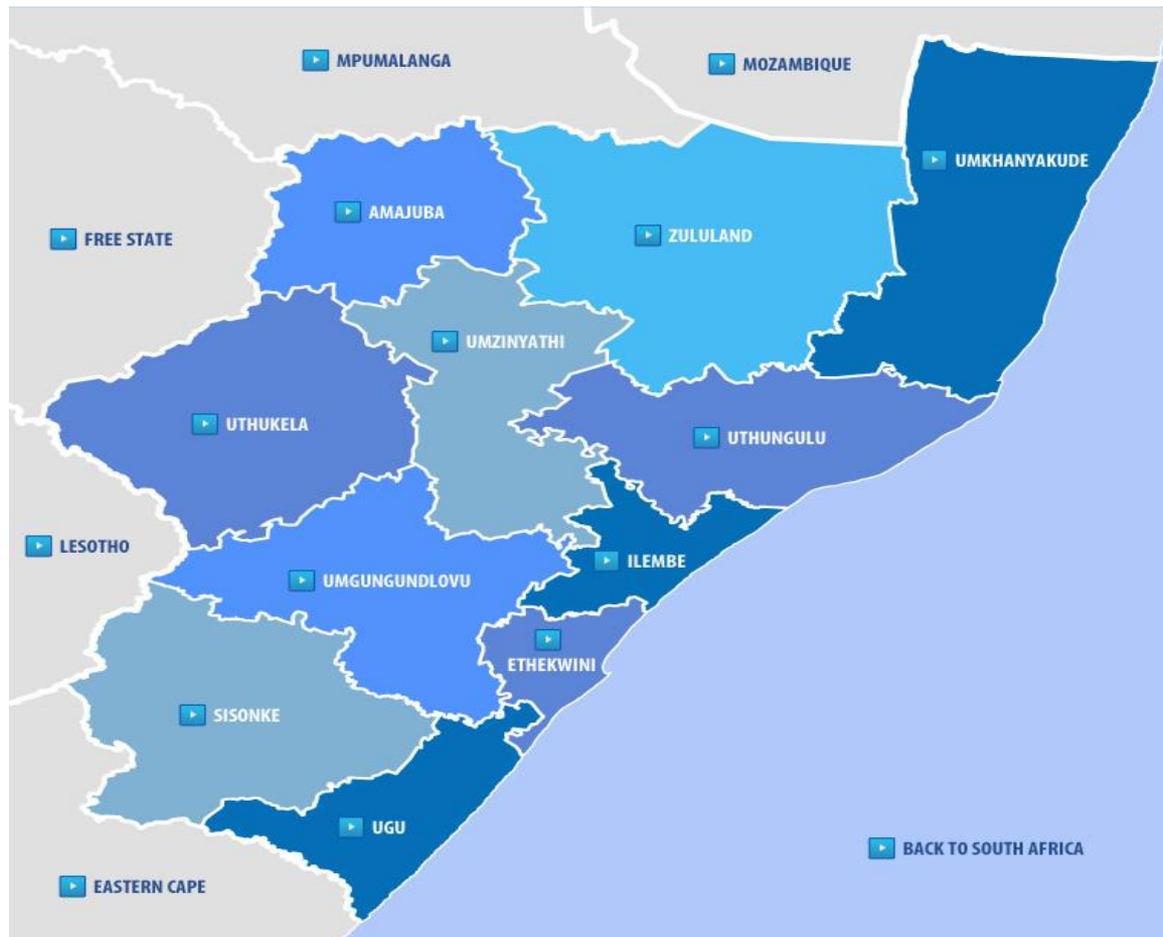


# NIMART Cascade per Province (May 2016)

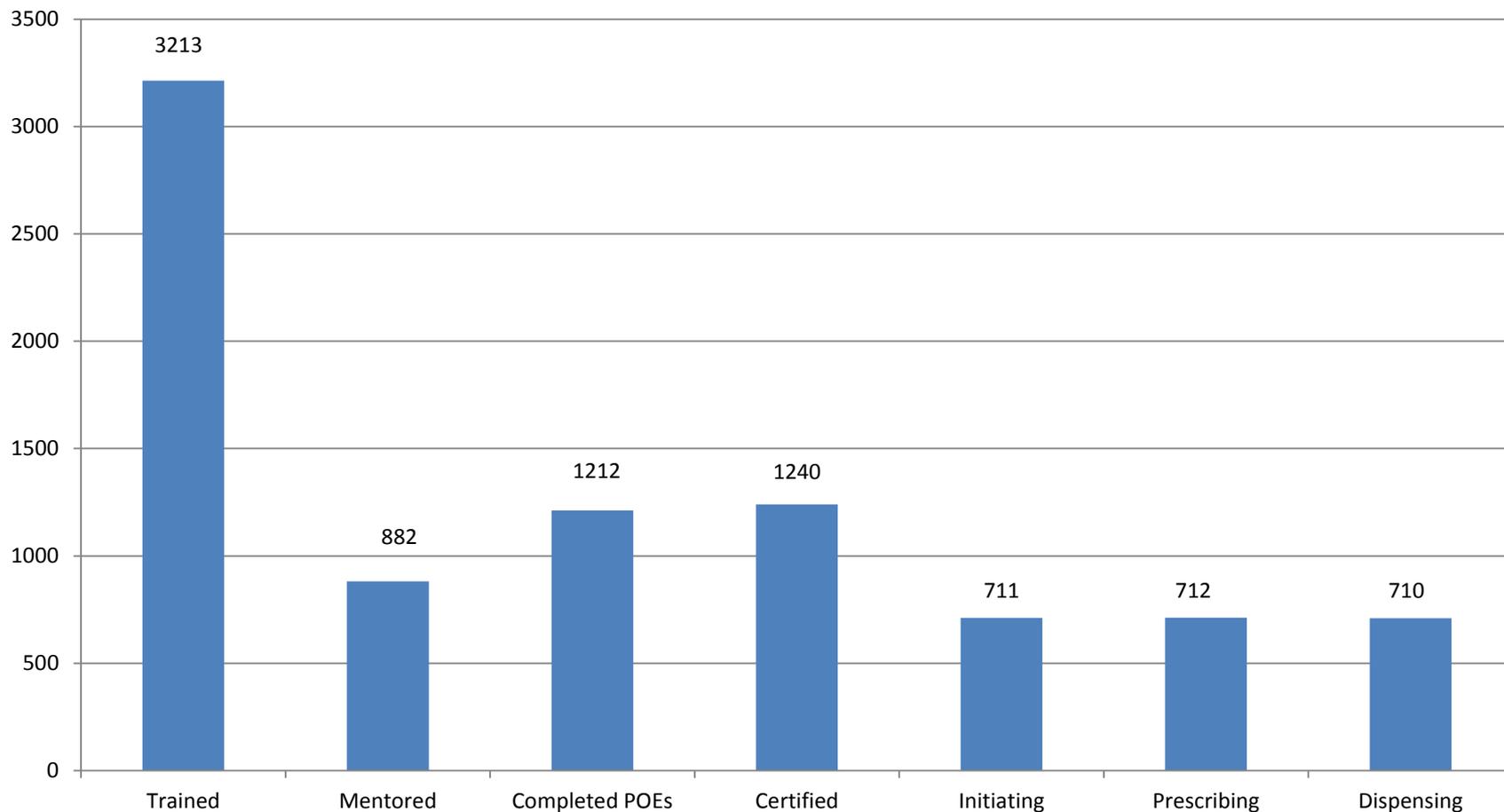
Province	Trained	Mentored	Completed POEs	Certified	Initiating	Prescribing	Dispensing
EC	4302	1150	341	0	1565	1260	1108
FS	743	121	17	0	106	99	9
GP	3180	715	447	280	749	750	683
KZN	3213	882	1212	1240	840	841	839
LP	2602	939	510	510	111	0	0
MPU	1711	414	476	475	0	0	0
NC	717	43	0	0	43	32	29
NW	976	251	265	229	309	309	309
WC	316	0	0	0	0	0	0
<b>Total</b>	<b>18043</b>	<b>4515</b>	<b>3268</b>	<b>2734</b>	<b>3790</b>	<b>3358</b>	<b>3044</b>

# A Closer Look at One Province

## KWAZULU-NATAL PROVINCIAL DATA



# NIMART Trained and Mentored Nurses Inventory-KwaZulu-Natal Province



# NIMART Trained & Mentored Nurses Inventory - KZN by District (May 2016)

District	Trained	Mentored	Completed POEs	Certified	Initiating	Prescribing	Dispensing
Amajuba	161	76	107	57	70	70	69
EThekweni	904	266	499	551	217	217	218
Harry Gwala	172	49	41	44	59	64	62
Ilembe	201	70	44	40	74	73	72
UGu	257	99	29	93	23	20	20
UMgungundlovu	378	60	52	76	60	59	59
UMkhanyakude	346	85	210	132	132	132	132
UMzinyathi	217	55	153	58	68	68	68
UThukela	217	56	38	33	65	66	68
UThungulu	130	31	18	112	39	39	38
Zululand	230	35	21	65	33	33	33
<b>TOTAL</b>	<b>3213</b>	<b>882</b>	<b>1212</b>	<b>1261</b>	<b>840</b>	<b>841</b>	<b>839</b>

# Description of NIMART Training and Mentoring Models

# Training Content/Methods

- All 9 training partners provided training on all **11 essential NIMART topics**
- Unique training topics reported include **quality improvement and data management (2), palliative care and pain management (1), mental health (1), mentorship methods and ethics (1), vaccines for HIV and HIV in the workplace (2).**
- All 9 training partners use training methods that include **lectures, individual work, case studies, role plays, physical exam, demonstrations, and small group work.**
- Additional unique methods such as **video conferencing (1), buzz groups (1) and clinical simulation (1)** were highlighted by three partners.

## 11 Essential Elements

1. Epidemiology
2. Pathophysiology
3. Prevention
4. PMTCT
5. HIV Diagnosis
6. Adult clinical management
7. Pediatric clinical management
8. ART for adults
9. ART for pediatrics
10. Psychosocial support and counseling for adults and pediatrics
11. Management of opportunistic infections including TB

# Training Duration

- Training duration ranged from 1 to 10 days; Average training duration = 6 days
- Wide variation in duration across all partners
- 1 day training was for orientation of nurses on new guidelines and targeted topics

Type of Training	Duration	1	2	3	4	5	6	7	8	9
NIMART Training	Up to 10 days		■	■		■				
	Up to 6 days								■	
	Up to 5 days				■		■	■		■
	3-4 days					■				
	2 days	■								
NIMART Update	1 day or less	■								

# Mentorship Approaches/Duration

- All partners provide onsite **one-on-one mentorship, follow up case reviews** and **telephone and text message question and answer sessions** between mentor and mentee. Other approaches used by selected partners include:
  - **Social network** question and answer forums between providers (2)
  - **Call centers** (1)
  - **'Hub and Spokes' model** for mentorship and supportive supervision (2)
  - **Group facilitation/cluster approach** (1)
- Mentorship conducted by nurse and/or multidisciplinary teams consisting of nurses, physicians, pharmacists, and social workers

## Duration

- Daily variations: sessions ranged from 1 hour to a full day depending on the needs of the mentee and the service provider.
- Mentorship experience ranged from 1 week to 8 months depending on the service provider.
- Average length of mentorship - 5 months.

# Strengths and Weaknesses of NIMART Training and Mentorship Approaches- Reported

- **Common strengths of training and mentorship programs noted by providers included:**
  - Expanding ART access to resource poor and rural areas
  - More efficient use of human resources for health
  - Allowing nurses to be trained in high-HIV burden sites to gain experience
  - Provision of follow-up support to ensure maintaining and updating skills obtained in training
- **Common weaknesses of training and mentorship programs included:**
  - Lack of management support (facility and district)
  - Transportation difficulties for staff to attend training
  - Staff rotation
  - Lack of TB/HIV co-infected at ANC and pediatric cases (nurses uncomfortable initiating pregnant women with TB/HIV coinfection and pediatric patients)
  - Backlog in the certification process
  - Difficult to complete POEs
  - Poor mentor coverage

# Recommendations by Partners

NIMART Training	NIMART Certification
<ul style="list-style-type: none"> <li>• Minimize staff rotation – important to plan ahead when nominating nurses to participate in NIMART training</li> <li>• Pre-training preparation               <ul style="list-style-type: none"> <li>• Inform candidates of what NIMART training entails before they begin</li> <li>• Districts and RTCs should monitor criteria for selection of NIMART training participants</li> <li>• Standardize nomination of NIMART training candidates and include facility manager and training coordinator</li> <li>• Facilities arrange transport to training so that candidates are not delayed or have to leave early</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Need to develop a standardized approach for the POE and certification               <ul style="list-style-type: none"> <li>• Continuing professional development points should be considered for NIMART training to encourage completion of POEs</li> <li>• Speed up the certification process</li> </ul> </li> <li>• Review # POE cases, especially Pediatrics and TB/HIV Co-infected cases at ANC</li> </ul>
NIMART mentorship	NIMART implementation at facilities/PC101
<ul style="list-style-type: none"> <li>• Improve Mentorship coverage               <ul style="list-style-type: none"> <li>• Mentors/mentees should move to facilities together</li> <li>• Appoint off-site mentors - as they end up continuing with clinic duties and pay less focus on mentorship</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive re-orientation to NIMART of facility managers</li> <li>• <b>Should NIMART training be part of PC101? – important to standardize the training/ mentoring process</b></li> <li>• RTC should increase availability of Integrated Management of Childhood Illness (IMCI) trainings</li> </ul>

# Mentoring Recommendations

NIMART MENTORING	Proposed Recommendations
Mentorship Approaches	<p>Current approaches must be continued with a focus on</p> <ul style="list-style-type: none"> <li>• Individual nurses to complete POEs and recommend for certification</li> <li>• Multidisciplinary team to strengthen health facility systems</li> <li>• Mentorship plans and information must be submitted to RTC</li> <li>• Each district must designate a focal person to deal with clinical mentorship under the leadership of the HAST manager.</li> <li>• The nomination of the mentee must be done by the facility manager</li> </ul>
Mentorship Content	<p>Review of the mentorship guidelines</p> <ul style="list-style-type: none"> <li>• Align with PC101</li> <li>• Standardize POE process to make it easier to complete and become certified</li> <li>• Include data management and quality improvement</li> </ul>
Mentorship Duration	<ul style="list-style-type: none"> <li>• Individual mentorship duration must be should not exceed six months of NIMART training to ensure certification</li> <li>• Ongoing support supervision and mentorship for the MDT can continue as needed</li> <li>• Mentors must focus on the mentorship plans and duration.</li> </ul>
Knowledge and Competencies	<ul style="list-style-type: none"> <li>• The RTC must track and keep up to date information of mentorship, completion POE and certification</li> <li>• District Clinical mentorship reports must include the status of patients Clinical outcomes</li> <li>• POE cases should not be twenty for all cases</li> </ul>

# Summary of Key points

- There is need be for a comprehensive NIMART Training and Mentorship database at PDOH/RTC
  - Data on mentoring not available at the PDOH/RTC
- Standardization of the NIMART training curriculum for the country
  - Training content, duration
- Standardization of the mentorship approach with standard mentorship assessment indicators
- District Management Team should
  - oversee mentorship activities
  - should create dedicated mentorship positions for sustainability
- Key stakeholders to meet and review and develop NIMART strengthening strategy/plans that address the current needs in training, mentorship and improvement in the quality of HIV services

# Thank You

- Department of Health at all levels
- PEPFAR Implementing partners
- ICAP staff

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